

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100545

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** AMERICAN MODULAR, INCORPORATED

**Current Principal Place of Business:**

15886 85TH RD N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

15886 85TH RD N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-0818449      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOUTON, ROY R  
15886 85TH RD N.  
LOXAHATCHEE, FL 33470      US

**Name and Address of New Registered Agent:**

MOUTON, KAI ELISE  
15886 85TH RD N.  
LOXAHATCHEE, FL 33470      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAI ELISE MOUTON

02/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: MOUTON, ROY R  
Address: 15886 85TH RD. NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD (X) Delete  
Name: MOUTON, KAI E  
Address: 9930 PINEAPPLE TREE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCEO (X) Change ( ) Addition  
Name: MOUTON, KAI ELISE  
Address: 9930 PINEAPPLE TREE DRIVE SUITE 103  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAI ELISE MOUTON

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date